

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED
JAN 25 1982
WASTE MANAGEMENT BRANCH
EPA REGION V

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F 1ND980615678 1 820125

I. NAME OF INSTALLATION

HOSKINS MANUFACTURING COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 48

CITY OR TOWN

ST.

ZIP CODE

4 NEW PARIS

IN 46553

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 71103 COUNTY ROAD 23

CITY OR TOWN

ST.

ZIP CODE

6 NEW PARIS

IN 46553

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 RIZZARDI JOHN PROJECT ENGINEER 313 895 2860

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 ARMADA CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

1ND980615078

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

RECEIVED
1/25/82

D. - FOR OFFICIAL USE ONLY														
5														
W														
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U210	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>John A. Rizzardi</i>	NAME & OFFICIAL TITLE (type or print) JOHN A. RIZZARDI PROJECT ENGINEER	DATE SIGNED 1-20-82
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MAY

394

/A

3/8/94

STATE OF INDIANA
1993 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

EPA ID: IND980615678

NAME: HOSKINS MANUFACTURING CO.

Change _____
Is the name change due to a change in ownership? ____ yes ____ noLOCATION: 71103 COUNTY ROAD 23
ADDRESS: NEW PARIS IN

Change _____

Is the location address change due to a move or did the Post Office change your address?
____ We moved ____ PO change ____ Other (please explain in comments)MAILING ADDRESS: 71103 COUNTY ROAD 23
NEW PARIS IN 46553

Change _____

CONTACT: ~~HANDRICH, GERALD~~
71103 COUNTY RD 23
NEW PARIS IN 46553
219-831-2965

Change James R. Hitchcock

OWNER: ARMADA CORP
71103 COUNTY RD 23
NEW PARIS IN 46553

Change _____

COUNTY: ELKHART

*** HAZARDOUS WASTE ACTIVITY ***

	DEM	1993	FUTURE
Large Quantity Generator (LQG)	X	X	X

Small Quantity Generator (SQG)

Conditionally Exempt (CEG)

Transporter S= for our own waste
C= commerciallyTreatment, storage, (TSD)
& disposal

* NON HANDLER

* OUT OF BUSINESS

* ONE TIME GENERATOR

* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES: 3341
PRIMARY SECONDARY

COMMENTS: _____

SIGNATURE: _____

DATE: _____

RECEIVED
WMD RECORD CENTER

MAY 27 1994